

CLAIMS ONLY							Application Number <i>10/088653</i>	Filing Date			
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2			/				52				
3							53				
4							54				
5							55				
6							56				
7							57				
8			/				58				
9							59				
10			/				60				
11							61				
12			/				62				
13							63				
14							64				
15							65				
16			/				66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26			/				76				
27							77				
28			/				78				
29							79				
30			/				80				
31							81				
32			/				82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep	4			
Total Depend							Total Depend	70			
Total Claims							Total Claims	74			